

MISSOURI FIRST STEPS

COVID-19 Guidance Manual

Updated January 25, 2021

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MISSOURI FIRST STEPS COVID-19 GUIDANCE MANUAL

The intent of this document is to support the System Point of Entry (SPOE), providers and families to prepare for and implement the phases and guidance for Missouri First Steps during the COVID-19 pandemic.

As experts learn more about COVID-19 and as conditions surrounding this pandemic evolve, this guidance may change. The SPOE and First Steps providers should continue to monitor any local county or city orders related to COVID-19, as well as, follow SPOE and provider agency regulations (if applicable). The Centers for Disease Control (CDC) guidelines for preventing the spread of illness should be considered when preparing to deliver face-to-face services and meetings.

SECTION I: PHASES AND TIMELINE

This section consists of Missouri First Step's phase-in plans indicated by timeframes. The actions and communications in each phase should be individualized to address the unique needs of the family. Each plan contains the following components: timeline, action, communication and guidance.

The *timeline* for each phase is tentative based on the state and/or local orders. The *action* of each phase determines the available methods of service delivery (i.e. face-to-face, phone or video conferencing). The *communication* details how each phase is communicated to the family, SPOE and provider. The *guidance* indicates where to locate information related to each phase, including answers to unique questions facing SPOEs and providers.

A. Phase One: Suspension of Face-to-Face Services and Meetings

- Timeline: March 18 – May 31, 2020
- Action: During Phase One, First Steps face-to-face services and meetings are suspended. Services may be delivered and meetings conducted via phone or video conferencing. The decision to suspend aligns with other Part C programs throughout the country and with Missouri school districts.
- Communication: Phase One was communicated to families, providers and the SPOEs via an email and the First Steps website.
- Guidance: See Section II: Suspension of Face-To-Face Services and Meetings

B. Phase Two: Optional Face-to-Face Services and Meetings

- Timeline: June 1 – July 31, 2020

- Action: During Phase Two, families and providers will be given the option of resuming face-to-face services or continue with services delivered via phone or video conferencing on the current authorizations. Families and Service Coordinators may resume in-person intake and Individualized Family Service Plan (IFSP) meetings or continue to meet virtually. Providers and Service Coordinators will need to consider any local county or city ordinances or regulations when presenting service delivery options to families. All Early Intervention Team (EIT) meetings must continue via phone or video conferencing.
- Communication: Prior to June 1, Phase Two will be communicated to families through an email and letter from the Department of Elementary and Secondary Education (DESE) and a personal contact from their Service Coordinator. The SPOEs will be given a guiding set of questions to review with each First Steps family regarding the family's readiness to resume face-to-face visits.

The communication to providers will occur via an email and a webinar posted on the DESE website. Additionally, providers will be given suggested guidance on preparing for face-to-face visits in Phase Two.

The SPOE will receive the guidance via email, and conference calls with DESE staff.

- Guidance: See Section III: Optional Face-to-Face Services and Meetings

C. Phase Three: Services Resume with Precautionary Measures

- Timeline: August 1, 2020 – until DESE announces COVID-19 guidance has concluded.
- Action: During Phase Three, the intention is to resume face-to-face services and meetings wherever possible while maintaining flexibility. Providers and Service Coordinators will need to consider any local county or city ordinances or regulations when presenting service delivery options to families. The prominent change being implemented in Phase Three is how providers submit claims for services.
- Communication: Phase Three will be communicated to families through an email and letter from DESE and a personal contact from their Service Coordinator.

The communication to providers will occur via an email and a webinar on the DESE website.

The SPOE will receive the guidance via email and conference calls with DESE staff.

- Guidance: See Section IV: Services Resume with Precautionary Measures

SECTION II: SUSPENSION OF FACE-TO-FACE MEETINGS AND SERVICES

The following is temporary guidance on how to conduct First Steps referral, intake, meetings and services while face-to-face visits are suspended due to the COVID-19 pandemic. Additional guidance on meetings and services can be found in Appendix C: Frequently Asked Questions for the Suspension of Face-to-Face Services and Meetings.

A. Referral to Initial IFSP Development

Service Coordinators can refer to Appendix A: Checklist of Activities for Referral Utilizing Phone or Secure Video Connection for guidance on how to engage newly referred families and complete the referral process while face-to-face meetings are suspended.

Service Coordinators can refer to Week 2 through Week 6 on the *Checklist for 45-day Timeline Activities* to complete the Evaluation of the Child activities through the development of the Initial IFSP. Service Coordinators and providers can refer to Appendix C for more considerations on the completion of evaluations and assessments during the suspension of the face-to-face services.

B. IFSP Meetings

During the suspension of face-to-face services, all IFSP meetings held must be conducted via phone or secure video connection. The Service Coordinator must explain the suspension of face-to-face services and meetings to the parent.

The Service Coordinator must plan for and facilitate the IFSP meeting, and determine with the parent how paperwork will be sent to and returned by the parent (i.e., email, mail or fax). The Service Coordinator is responsible for all activities listed on the Checklist for 45-Day Timeline Activities.

A parent may decide to delay the Initial IFSP meeting until face-to-face meetings resume.

Service Coordinators must follow the *Exception to In-Person Meeting* guidance in Practice Manual Chapter 6 (see Appendix B) to facilitate and complete inter-periodic, six-month review and annual IFSP meetings during the suspension of face-to-face IFSP meetings.

➤ Transition

A parent may delay the transition meeting. If a parent chooses to hold the transition meeting, then the meeting may be held via phone conference or secure video connection, and the school district may attend if the district is open and available.

If the SPOE receives a late referral for a child with a summer birthday, and a referral to ECSE cannot be made because the district is closed due to COVID-19, then the SPOE can print off documentation of the district closure and a fax receipt or dated email indicating

the referral was sent to the district. This documentation will suffice as an indication of the referral in process, and the SPOE may proceed with conducting a Summer Third Birthday IFSP for the child. Once the school district is back in session, verify that the referral is now in process.

C. EIT Meetings

During this phase, all in-person EIT meetings are suspended. EIT meetings may be held via conference call or secure video connection. If teams do not have access to large group conference call capability, then EIT meetings may be postponed until face-to-face meetings resume.

D. Services to Children and Families

The Service Coordinator must inform families of the suspension of face-to-face services. Service Coordinators must continue service coordination activities with families during this time, including regular contacts, progress note review, data entry, case notes, authorization updates and IFSP facilitation.

Missed visits due to suspension of face-to-face services will not be made up later.

First Steps is offering consultation or teletherapy as alternatives to face-to-face visits during this phase. If the parent chooses an alternative to face-to-face visits, then the authorization does not need to be changed and the provider can bill the time on their direct service authorization. Providers may utilize various technologies to complete visits, including phone and secure video connection. Providers must complete progress notes, including documentation on how services are provided. For more information on teletherapy see Appendix D: Frequently Asked Questions for Teletherapy Services during the COVID-19 Pandemic.

SECTION III: OPTIONAL FACE-TO-FACE SERVICES AND MEETINGS

During this phase, face-to-face meetings and services may resume as determined by the comfort level of the family, the provider and the Service Coordinator. Service Coordinators and providers should speak with individual families to discuss the appropriate time to restart in-person meetings and services. Alternative options remain available for those who are apprehensive regarding the return of face-to-face services and meetings. Once face-to-face visits resume, the IFSP team may need to determine if the child and family's needs have changed and review the child's IFSP to determine whether modifications are needed.

Providers and Service Coordinators will need to consider any local county or city ordinances or regulations when presenting service delivery options to families. Prior to face-to-face meetings or services, a discussion should include the health of all individuals involved, along with any precautions including wearing a mask, social distancing and sanitizing. Providers and Service Coordinators are encouraged to follow CDC precautions.

A. Family Requests to Continue Phone Consultation/Teletherapy for Meetings and/or Services

If a family requests to continue with phone consultation and/or video conference for meetings, then the Service Coordinator continues to follow the Section II: Suspension of Face-to-Face Meetings and Services guidance.

If a family requests to continue phone consultation or teletherapy as the service delivery method, and the provider is willing to offer service in this manner, then the provider follows the guidance in Section II: Suspension of Face-to-Face Meetings and Services guidance. If the provider is not willing to continue visits via phone consultation or teletherapy, then the Service Coordinator has a discussion with the family regarding the option of assigning a new provider who offers phone consultation or teletherapy services.

B. Family Requests to Resume Face-to-Face Meetings and Services

If a family requests face-to-face intake and IFSP meetings, then the meetings may resume with the individual family. The family and Service Coordinator may consider meeting in alternate locations, such as outdoors or in a safe community location. However, if the Service Coordinator is unable to participate in face-to-face meetings, then the SPOE will discuss the available options with the family, such as proceeding with phone/video meetings or a temporary assignment of a new Service Coordinator.

A family may request some or all of their face-to-face services to resume. However, if the provider is unable to participate in face-to-face services, then the Service Coordinator will discuss the available options with the family, such as meeting in safe alternate locations, continuing with phone consultation/teletherapy, or the assignment of a different provider who is currently available for face-to-face visits.

If the family requests face-to-face services to resume in a community setting or special purpose center, then the provider needs to determine if the location is currently open; and if so, is the location allowing non-employees to enter. The family and provider must consider the requirements of the community setting or special purpose center, such as the use of personal protective equipment or social distancing. If the community setting or special purpose center is not currently open, then the provider and family must determine alternate methods of service delivery until the location reopens.

C. EIT Meetings

During this phase, all in-person EIT meetings remain suspended. EIT meetings may be held via conference call or secure video connection. If teams do not have access to large group conference call capability, then EIT meetings may be postponed until face-to-face meetings resume.

SECTION IV: SERVICES RESUME WITH PRECAUTIONARY MEASURES

First Steps recognizes the importance of maintaining flexibility with how home visits are delivered for the duration of the pandemic. As Phase Three begins, face-to-face meetings and services may resume with consideration of the comfort level of the family, the provider and the Service Coordinator. Providers and Service Coordinators must consider any local county or city ordinances or regulations when presenting service delivery options to families. Prior to any face-to-face meetings or services, a discussion should include the health of all individuals involved, along with any and all necessary precautions, including wearing a mask, social distancing, meeting outdoors and sanitizing. Providers and Service Coordinators are encouraged to follow CDC precautions.

In Phase Three, a temporary change in provider claim submissions is implemented and teletherapy returns to the standard rate as stated in the Provider Rates Schedule.

A. Service Delivery

Face-to-face visits with families are still considered best practice in delivering First Steps services; however, DESE recognizes that during the COVID-19 pandemic there must be flexibility in service delivery. All individuals in First Steps (family members, providers and Service Coordinators) must consider their own comfort level with participating in face-to-face services and meetings. As the pandemic continues, decisions about face-to-face services and meetings may change many times, so it is paramount that all individuals involved continually communicate and discuss any issues and concerns.

In particular, an ongoing discussion prior to each face-to-face service or meeting should include the following:

- What is the current comfort level of all involved regarding face-to-face services and meetings?
- What is the current health status of the providers, Service Coordinators and all members of the family living in the home?
- Which service delivery option works best for this particular visit or meeting: face-to-face or remote (phone call or video conference) services?
- If holding face-to-face services or meetings, what precautions will need to be taken (e.g., wearing masks, distancing, sanitizing)?

Throughout the pandemic, an individual's comfort level with face-to-face visits may change on a daily, weekly or monthly basis as new data and statistics become available, so maintaining communication is key.

1. Direct Services

Direct services are authorized by the IFSP team with the intention of being delivered face-to-face. However, with COVID-19, the method of service delivery may need to change

based on an individual's current comfort level or local ordinances. During Phase Three, direct services may be delivered either face-to-face or remotely (via phone call or video conferencing) as the situation requires. When remote services are necessary in lieu of a face-to-face visit, an IFSP meeting is not required to change the location. Some examples of offering remote services include the following:

- In preparing for a home visit, a provider calls a family to confirm the appointment and review some health screening questions. The family states that someone in the home is not feeling well. During Phase Three, the provider can offer this family remote visits until the family confirms everyone in the home is healthy.
- A family may request all visits remain remote throughout the pandemic if someone in their household has a medical issue.
- A provider is not feeling well or has a pending COVID-19 test; the provider then offers all direct service visits remotely until the provider is feeling better or receives a negative COVID-19 test.

Services offered remotely should have the same components as a high-quality home visit, including the use of coaching strategies, routines-based interventions and naturalistic teaching opportunities. The child is typically present for this method of service. For services held remotely, the provider must be in a location that ensures confidentiality.

If the provider chooses to offer services via video conference, the video conferencing platform must be dependable, of no cost to the family and accommodate the necessary number of people for the visit. The conferencing platform must be a secure, non-public facing platform (e.g., Zoom, Cisco WebEx, Microsoft Teams, Skype, FaceTime). Video conferencing applications that are public facing are not allowed (e.g., Facebook Live, Twitch, TikTok). Providers may not record remote visits to review later, since any recordings become part of the child's educational record and First Steps does not have the capacity to store such recordings.

As with all direct services, a provider may not bill for time spent planning for or writing out instructions for remote visits. Additionally, if a family sends a video to a provider to review, the provider cannot bill for time spent reviewing the video outside of the remote visit.

➤ **Limited Access to Remote Services**

If the family declines face-to-face services and has no access to phone or internet, but the family does have access to text messaging, then the provider may offer support via text messaging. The IFSP team will have to meet to discuss this service delivery type and then authorize no more than 30 minutes (2 units) per week of Consultation/Facilitation with Others for text conversations with a family. The provider's daily therapy log or monthly progress note must document the text message

conversation(s), as well as the reason text messaging was used in place of other communication.

If the family chooses no face-to-face services and has no access to phone, internet or text messaging, then the provider may offer support via a packet of strategies and activities mailed to the family. The IFSP team will have to meet to discuss this service delivery type and then authorize no more than 15 minutes (1 unit) per week of Consultation/Facilitation with Others for mailing a packet to a family. The provider's daily therapy log or monthly progress note must document the strategies and activities sent via mail, as well as note the family's lack of access to other communication methods.

The IFSP team may also authorize Consultation/Facilitation with Others following the above guidelines for families who are unable to participate in remote services (e.g., a parent who is deaf or hard of hearing).

2. Teletherapy

Teletherapy is a specialized methodology that has the intention of being delivered via the internet/computer to talk to the parent and observe the child and parent in their home. Teletherapy sessions should look the same as a high-quality traditional home visit. Recommended practices for both teletherapy and traditional home visits include the use of coaching strategies, routines-based interventions and naturalistic teaching opportunities. The child is typically present for this method of service.

Teletherapy may be appropriate for First Steps services when there is no provider available in the natural environment. The use of teletherapy is an IFSP team decision based on the family's needs, not based on the needs of a provider or the SPOE. For more information on teletherapy, see Practice Manual Chapter 9.

3. Evaluation/Assessment

When considering completing evaluations and assessments virtually, the provider must follow the requirements of their licensure, if applicable. All evaluations and assessments completed virtually must have a live, inter-active video component with the child present. The evaluator considers the following before completing an evaluation/assessment virtually:

- The effectiveness of gathering information in a virtual format
- Which pertinent developmental questions to ask caregivers
- How to virtually observe the child during play or other routine
- How to prepare and guide parents in simple activities
- How any needed direct assessments would be conducted in an interview format

➤ DAYC-2

PRO-ED is the publisher of the DAYC-2, the tool used for evaluations in First Steps. Per PRO-ED's Statement on Tele-Assessment for COVID-19, "Qualified professionals are hereby granted a limited and revocable permission to use appropriate non-public facing teleconferencing software and tools to assist in the remote administration of PRO-ED assessment content..."

Before administration of the DAYC-2, the Service Coordinator must obtain consent using the *Notice of Action/Consent for Evaluation/Initial Assessment of the Child: DURING COVID-19*, informing the parent that the session will not be recorded, reproduced or published, and copies of the materials will not be made.

The EI Examiner must consider the following in order to complete the DAYC-2 virtually:

- may not use recording capabilities to record live test administrations
- must use secure, non-public internet connection
- must have video conferencing capabilities (e.g., FaceTime, Zoom)
- no photocopying, scanning or duplication of DAYC-2 protocols allowed
- no modification to the original test content as it currently appears
- must consider the adaptation of testing administration when reporting and interpreting the results of the DAYC-2

4. Joint Visits

Providers are encouraged to maintain joint visits during the pandemic. However, in some situations, having additional people face-to-face is not advised. Providers should be flexible and creative in finding ways to hold joint visits, such as through video conference or socially distanced visits in outdoor locations.

B. Billing and Claims

Beginning August 1, 2020, all services must be billed according to current authorizations, including frequency, intensity and method (e.g. direct, teletherapy). The rate per unit for reimbursement will once again follow the Missouri First Steps Provider Rates Schedule for all services, including teletherapy.

Around the start of August, the Central Finance Office (CFO) will release a temporary change in WebSPOE impacting claims for direct services. This change allows First Steps to differentiate visits held face-to-face or remotely, which will support reimbursement from insurance carriers. For each date of service claimed, the provider (or billing representative) will have to answer Yes or No to the following question: "Was this service delivered remotely

either by phone call or video conference due to COVID-19?” If the provider delivered the service face-to-face on that specific date of service, then “no” is selected. If the provider delivered the service remotely via phone call or video conference due to COVID-19 on that specific date of service, then “yes” is selected. The claim is paid at the same rate whether yes or no is selected.

1. Daily Therapy Log and Monthly Progress Note

Providers document on the daily therapy log or monthly progress note how the service was delivered (i.e., as a face-to-face service or remotely). On the daily therapy log in WebSPOE, the provider can indicate under the Service Setting drop down box or in the open text box whether the visit was face-to-face or held remotely. For the monthly progress note in WebSPOE, the provider will indicate in any of the open text boxes whether the visit was face-to-face or held remotely for each date of service.

2. No-Show and Missed Visits

If a provider agency or independent provider determines the need to suspend face-to-face services due to a local COVID-19 outbreak, then alternative options should be offered to the family, including offering services remotely, considering teletherapy or utilizing another provider.

Missed visits due to suspension of face-to-face services will not be made up later. However, once face-to-face visits resume, the IFSP team may need to determine if the child and family’s needs have changed and review the child’s IFSP to decide whether modifications are needed.

During Phase Three, the no-show visit guidance is followed (Service Provider Manual Chapter 9). As outlined in the chapter, a no-show visit can only be claimed when the provider arrives at the natural environment and the child or family is not there. The no-show claims are not applicable to services delivered remotely, including phone calls, video conference, consultation, teletherapy, evaluation/assessment or IFSP meetings.

C. Meetings

For the duration of the pandemic, the SPOE Director must continually monitor the COVID-19 impact within their assigned region utilizing local health department data and recommendations. The SPOE Director determines, based on their agency rules and regulations, if Service Coordinators are allowed to complete face-to-face meetings within each specific county. If the SPOE determines that all face-to-face meetings within a county are suspended due to COVID-19, then the SPOE must notify their assigned Area Director.

The SPOE determines if and when individual Service Coordinators return to face-to-face meetings. This decision may be based on SPOE agency rules, personal reasons or COVID-19 data for the county the Service Coordinator serves. However, if an individual family requests

face-to-face meetings, then the SPOE must try to accommodate that specific family if other families within the county are receiving face-to-face meetings.

When holding meetings virtually, the video conferencing platform must be secure and non-public facing (e.g., Zoom, Cisco WebEx, Microsoft Teams, Skype, FaceTime), and be used in a location that ensures privacy. Video conferencing applications that are public facing are not allowed (e.g., Facebook Live, Twitch, TikTok).

1. Intake and IFSP Meetings

For intake and IFSP meetings held remotely via phone call or video conference, the Service Coordinator continues to follow the guidance in Section II: Suspension of Face-to-Face Meetings and Services. Meeting notifications are required for IFSP meetings held remotely.

If a parent does not answer the phone after multiple attempts for a scheduled IFSP meeting, the Service Coordinator should leave a message requesting to reschedule and document the attempts in the case notes. However, the provider may not claim a no-show visit.

2. Early Intervention Team Meetings

During Phase Three, EIT meetings should continue to be held via phone or video conference, as long as the providers are in locations that ensure privacy. However, at the discretion of all EIT members and if meeting locations are available, the EIT may decide to meet face-to-face.

3. ECO Procedures

When an initial IFSP is not held in person, an ECO entry rating is still required for children who will be in the program at least six months. Midpoint and exit ECO ratings should be obtained at all ongoing IFSP meetings regardless of how the meeting is held (i.e., face-to-face, video conference or phone call).

EIT meetings held using a virtual platform should include regular ECO professional development time.

Appendix A: Checklist of Activities for Referral Utilizing Phone or Secure Video Connection

- **Referral:**
 - ☐ Send *Acknowledgement of Referral Letter* to referral source, if not parent referral
 - ☐ Establish a hard copy EI record with a record access log
- **Initial Contact with Parent (Contact #1):**
 - ☐ Explain the First Steps program
 - ☐ Explain current status of face-to-face services and meetings in suspension
 - ☐ Discuss the family's access to technology
 - ☐ Explain *Parental Rights Statement*
 - ☐ Obtain enrollment information
 - Complete page 1 of Intake Information Worksheet
 - ☐ Explain *Notice of Action/Consent for Evaluation/Initial Assessment of the Child: DURING COVID-19** and determine how consent will be obtained
 - ☐ Data Entry:
 - Referral information
 - Initial contact information
 - Case note contacts with family
- **Obtain NOA/C:**
 - ☐ Obtain *Notice of Action/Consent for Evaluation/Initial Assessment of the Child: DURING COVID-19** via mail, fax or email.
 - ☐ Data Entry:
 - Enter Initial Parental Consent
 - Case note when and how consent was obtained
- ☐ **Second Contact with Parent (Contact #2):**
 - ☐ Explain the *System of Payments Policy*
 - ☐ Explain *Consent to Use MO HealthNet/Medicaid*
 - ☐ Explain *Release of Information* form
 - ☐ Explain current status of face-to-face services and meetings in suspension
 - ☐ Obtain birth history and developmental information
 - Complete pages 2-3 of Intake Information Worksheet
- ☐ **Obtain Forms:**
 - ☐ Obtain *Consent to Use MO HealthNet/Medicaid* via mail, fax or email**
 - ☐ Obtain *Releases of Information*, as needed**
 - ☐ Data Entry:
 - Complete enrollment data entry
 - Case note contacts with family and/or providers, attempts to obtain medical records, etc.

Notes for Appendix A:

* Note 1: During COVID-19 guidance, the temporary Notice of Action/Consent for Evaluation/Initial Assessment of the Child: DURING COVID-19 is the required NOA/C.

**Note 2: To expedite the Referral process, the Service Coordinator may explain the System of Payments policy, the Medicaid consent form and Release of Information forms to the parent during the INITIAL CONTACT and then send those forms to the parent at the same time the Notice of Action/Consent for Evaluation/Initial Assessment of the Child: DURING COVID-19 is mailed/faxed/mailed to the parent.

Appendix B: Exception to In-Person Meetings

The following is the excerpt from Practice Manual Chapter 6, page 19 (updated June 2018):

Exception to In-Person Meetings

When deciding whether to hold an Inter-Periodic Review via conference call, the Service Coordinator must consider the urgency of the need to meet. Conference call meetings cannot be used for the convenience of the Service Coordinator. Best practice is to enter a case note explaining the reason for an Inter-Periodic Review via conference call.

Since an Inter-Periodic Review is held when a concern needs immediate attention, the IFSP team discussion may result in changes to the IFSP, which will require paperwork (e.g., NOA/C, ROI, insurance forms) to be completed. The Service Coordinator, not the provider, is required to provide and complete all necessary paperwork with the parent.

When holding an Inter-Periodic Review via conference call, the meeting begins when the Service Coordinator has all meeting participants connected on the call. The meeting participants discuss the concern, review the current IFSP and revise the IFSP if needed. If any changes are made to the IFSP that require parent consent, during the conference call, the Service Coordinator must explain the Parental Rights Statement and how consent will be obtained (e.g., the form will be mailed to parent). The Service Coordinator also explains services cannot begin until the SPOE receives signed parental consent.

After the conference call is over, the Service Coordinator immediately seeks to obtain parent signature on required paperwork. The Service Coordinator sends the required paperwork to the parent in the agreed upon manner (i.e., mail, email, fax). Once the completed paperwork is received, the Service Coordinator enters authorizations effective the date the IFSP team decided to start (or change) a service and the date of the parent signature must be prior to the authorization start date. The Service Coordinator must document all contacts with the parent to obtain required paperwork, including when and how paperwork was sent and received. The Service Coordinator completes the Inter-Periodic Review in the child's electronic record.

In the event parental consent is not returned to the SPOE in a timely manner, the IFSP team determines whether compensatory services are necessary. For more information about compensatory services, see Chapter 9.

Generally, it is more efficient for the Service Coordinator to hold the Inter-Periodic Review in-person to obtain required paperwork resulting from the IFSP team discussions and decisions. Therefore, the need for an Inter-Periodic Review meeting via conference call is rare.

Appendix C: Frequently Asked Questions for the Suspension of Face-to-Face Services and Meetings in Phase One and Phase Two

The following Q&A is original to Phase One and Phase Two guidance. Any questions applicable to Phase Three guidance have been incorporated into Section IV: Services Resume with Precautionary Measures.

A. Providers and Services

- A.1) If a child has a 60-minute per week direct service authorization, does the provider have to offer 60 minutes of phone or video conferencing per week while face-to-face visits are suspended?**

Answer: The parent and provider decide the amount of time spent on consultation or teletherapy as not to exceed the duration of the authorization. For example, time may be divided through the week, such as one 60-minute video conferencing per week, two 30-minute video conferencing per week, or four 15-minute video conferencing per week.

- A.2) If a child has a 60-minute per week direct service authorization, but the provider and family do not need the full 60-minutes, will any unused time need to be made up?**

Answer: No

- A.3) When a provider has a phone call or video conference scheduled with a parent, and the parent does not answer after multiple tries, can the provider bill for a no-show visit?**

Answer: No. First Steps no-show visit guidance (Service Provider Manual Chapter 8) is very specific to when a provider arrives at the natural environment and child or family is not there.

When the parent does not answer, the provider should leave a message and document the attempts in the therapy log or progress note. If after several attempts with no answer, then the provider should contact the Service Coordinator.

- A.4) If a discipline specific assessment is required to begin a service, is this type of assessment currently on hold?**

Answer: A discipline specific test is not considered an ongoing assessment in First Steps. The provider must know the requirements of their licensure regarding tele-assessment to determine if the service can begin.

A.5) Which authorization types may be provided via consultation or teletherapy during the suspension of face-to-face visits?

Answer: Authorizations with the following service method types may be provided via consultation or teletherapy as an alternative to face-to-face visits: direct service; joint home visit; family education, training and support; consultation and facilitation with others; or teletherapy.

Additionally, if a child's IFSP has a current authorization for services provided in a Group Instruction Setting, then the service may be provided via an interactive video format with the children present for up to 30 minutes (2 units) no more than twice per week. However, Group Instruction Setting authorizations may not be used to provide consultation or teletherapy to the parent.

A.6) May a provider bill for time spent planning or writing out instructions, strategies or activities to send to families as part of the consultation or outside the consultation?

Answer: No

A.7) May a provider bill for time spent texting a family?

Answer: No. See Question A.8 for the exception.

A.8) If a parent has no access to technology, what are the options?

Answer: If the family has no access to phone or internet but the family does have access to text messaging, then the provider may offer some support via text. A provider may bill no more than 30 minutes (2 units) per week for text conversations with a family. The provider's therapy log or progress note must document the text message conversation(s), as well as the reason text messaging was used in place of other communication.

If the family has no access to phone, internet or text messaging, then the provider may offer some support via a packet of strategies and activities mailed to the family. A provider may bill no more than 15 minutes (1 unit) per week for mailing a packet to a family. The provider's therapy log or progress note must document the strategies and activities sent via mail, as well as note the family's lack of access to other communication methods.

A.9) If a parent is deaf or hard of hearing and cannot interact via phone/video conferencing, then what options are available?

Answer: If documented in the therapy log or progress note that the parent is deaf or hard of hearing, then the provider may communicate with the parent via written

communication. The provider may track the time spent on reading and responding to the written communication and can bill for that time.

A.10) If a family sends a video of their child for a provider to review, can the provider bill for the time spent reviewing the video?

Answer: The provider cannot bill for time spent reviewing the video outside of the phone consultation or video conferencing.

A.11) When entering a therapy log in WebSPOE to document services, should the provider choose community setting?

Answer: That is acceptable. More importantly, the provider needs to document how the visit was conducted.

A.12) Some licensures are very strict about Medicaid billing (i.e., consult time must not be billed on a direct service authorization), and incorrect billing could be viewed as a violation. What is First Steps doing to prevent any billing violations?

Answer: The First Steps Central Finance Office (CFO) is working directly with Medicaid to determine the options. If Medicaid allows a waiver regarding how visits are provided during the suspension of face-to-face visits, then the CFO will submit those claims to Medicaid. If Medicaid does not provide a waiver, then the CFO will not submit these claims to Medicaid, and these claims will be paid out through First Steps funds.

A.13) Can providers drop off toys at family's home?

Answer: No.

B. Assistive Technology

B.1) Can children be fitted for assistive technology at a special purpose center during the face-to-face visit suspension?

Answer: If the assistive technology need is considered urgent (e.g., hearing aids) and the parent requests to pursue the assistive technology during the suspension of face-to-face visits, then the service may be provided if precautions are taken. The special purpose center staff must follow the Centers for Disease Control (CDC) precautions, including cleaning and sanitizing all spaces prior to each First Steps child and family's visit and practicing social distancing as appropriate.

B.2) Can providers complete measurements for assistive technology devices and consult with parents for fittings and usage via video conferencing?

Answer: Yes

B.3) Can providers deliver assistive technology items to a family's home (i.e., porch drop off)?

Answer: Yes, and the provider can bill mileage for the trip per Mileage and Travel Incentive guidance ([Service Provider Manual Chapter 10](#)).

C. IFSP and EIT Meetings

C.1) Which virtual meeting platforms are allowed for IFSP and EIT meetings?

Answer: The conferencing platform must be a secure non-public facing platform (e.g., Zoom, Cisco WebEx, Microsoft Teams, Skype, FaceTime) and used in a location that ensures privacy. Video conferencing applications that are public facing are not allowed (e.g., Facebook Live, Twitch, TikTok).

C.2) Are meeting notifications required for IFSP meetings held via phone/video conferencing?

Answer: Yes.

C.3) If a parent does not answer the phone after multiple tries for a scheduled IFSP meeting, can the provider claim a no-show visit for the IFSP meeting?

Answer: No. First Steps no-show visit guidance ([Service Provider Manual Chapter 8](#)) is very specific to when a provider arrives at the natural environment and the family is not there.

When the parent does not answer, the Service Coordinator should leave a message requesting to reschedule and document the attempts in the case notes.

C.4) If the school district has not established a start date for the upcoming school year, what is the date the Summer Third Birthday IFSP ends?

Answer: If the local school district has not determined the start date for school in Fall 2020, then the end date for the Summer Third Birthday IFSP is set as Labor Day (September 7, 2020). However, the Service Coordinator must discuss with the family that the actual end date of First Steps services is the day before school starts once the date is determined. This conversation must be documented in the IFSP, as well as, in case notes.

C.5) For ECO pilot regions, is an ECO rating required during the suspension of face-to-face meetings?

Answer: Yes, an entry rating is required for children in the program at least six months even though Initial IFSP meetings are not being held in-person during this time. Midpoint and exit ratings should be obtained when ongoing IFSP meetings are held via video conference. When the ongoing meeting is held via phone call, the Service Coordinator carries over the last ECO rating.

D. Evaluation and Assessments

D.1) Has the COVID-19 pandemic waived the 45-day timeline for referral to Initial IFSP?

Answer: No, Missouri First Steps is still required to have the Initial IFSP in place within 45 days for all eligible children. The only exception is when the parent delays the timeline.

D.2) Can the DAYC-2 be completed via tele-assessment?

Answer: PRO-ED is the publisher of the DAYC-2. Per PRO-ED's Statement on Tele-Assessment for COVID-19, "Qualified professionals are hereby granted a limited and revocable permission to use appropriate non-public facing teleconferencing software and tools to assist in the remote administration of PRO-ED assessment content..."

Before administration of the DAYC-2, the Service Coordinator must obtain consent (i.e., *Notice of Action/Consent for Evaluation/Initial Assessment of the Child: DURING COVID-19*) from the parent stating the session will not be recorded, reproduced or published, and copies of the materials will not be made.

The EI Examiner must consider the following in order to complete the DAYC-2 virtually:

- may not use recording capabilities to record live test administrations
- must use secured, non-public internet connection
- must have video conferencing capabilities (e.g., FaceTime, Zoom, etc.)
- no photocopying, scanning or duplication of DAYC-2 protocols allowed
- no modification to the original test content as it currently appears
- must consider the adaptation of testing administration when reporting and interpreting the results of the DAYC-2

D.3) Can initial or ongoing assessments be completed via tele-assessment?

Answer: The provider must know the requirements of their licensure, if applicable, to determine if the assessment can occur via tele-assessment. The assessment must have a live inter-active video component, as well as, complete the requirements of Assessment of the Child in Practice Manual Chapter 6.

D.4) What are some considerations when completing evaluations and assessments via tele-assessment?

Answer: When determining alternative methods of conducting evaluations/assessments, the evaluator must consider the effectiveness of gathering information in a virtual format. The evaluator considers the following before completing an evaluation/assessment virtually:

- Which pertinent developmental questions to ask caregivers;
- How to virtually observe the child during play or other routine;
- How to prepare and guide parents in simple activities; and
- How any needed direct assessments would be conducted in an interview format.

D.5) What are options for a family that does not have access to technology for tele-assessment?

Answer: The Service Coordinator explains to the parent that face-to-face visits are suspended and the only option for evaluation and assessment is via tele-assessment. If the family does not have access to or does not want to use tele-assessment, the family has the option to re-refer or delay the evaluation/assessment. If the family chooses to delay the evaluation/assessment, then the Service Coordinator maintains regular contact with the family during the delay.

Appendix D: Frequently Asked Questions for Teletherapy Services During the COVID-19 Pandemic in Phase One and Phase Two

The following Q&A is original to Phase One and Phase Two guidance. Any questions applicable to Phase Three guidance have been incorporated into Section IV: Services Resume with Precautionary Measures.

A. Teletherapy Expectations

A.1. Can teletherapy be implemented during the COVID-19 pandemic?

Answer: Yes, teletherapy may be considered during the COVID-19 pandemic, with the expectation that in-person visits will resume once DESE has removed the suspension of face- to-face visits.

A.2. What is the expectation for teletherapy visits in First Steps?

Answer: Teletherapy occurs when the provider is in a location separate from the family and uses the internet/computer to talk to the parent and observe the child and parent in their home. Teletherapy sessions should look the same as a high-quality traditional home visit.

Recommended practices for both teletherapy and traditional home visits include the use of coaching strategies, routines-based interventions, and naturalistic teaching opportunities. The child is typically present for this method of service.

Because First Steps services are based on the unique needs of each individual child and family, teletherapy may not be appropriate in all circumstances.

A.3. What skill sets should a provider possess when considering implementing teletherapy?

Answer: A provider must be familiar with how to utilize video conferencing platform(s) including the technical and security considerations (i.e., non-public facing video connection). The provider may need to teach the family how to use the platform.

In addition, the provider should possess the skills to adapt evidence-based, in-person home visiting practices to a video conferencing format while maintaining quality.

A.4. How can a provider prepare for a teletherapy session?

Answer: Preparation is essential to help avoid challenges that may occur during the teletherapy session. Communicate with the family prior to the session to confirm the appointment, answer any video platform questions, determine who will be

participating, what materials are needed and review what the parent's role is during the session. Document all attempted and completed sessions in progress notes.

A.5. What is discussed during a teletherapy session?

Answer: The provider should review the current IFSP outcome(s) including any strategies and activities with the parent. Discuss strategies and techniques that can help the child and family reach outcomes and any new developments or changes with the child and/or family. Conclude the session with a review of what was discussed, an opportunity for the family to ask questions and goals for the next session.

B. Privacy/Confidentiality

B.1. What are the considerations for appropriate video conferencing platforms?

Answer: At a minimum, the video conferencing platform must be non-public facing, of no- cost to the family, accommodate the necessary number of people for the visit, and be dependable.

B.2. Which video conferencing platforms are acceptable for teletherapy?

Answer: The conferencing platform must be a secure, non-public facing platform (e.g., Zoom, Cisco WebEx, Microsoft Teams, Skype, FaceTime) and used in a location that ensures privacy. Video conferencing applications that are public facing are not allowed (e.g., Facebook Live, Twitch, TikTok).

B.3. Can the provider record a teletherapy visit to review later?

Answer: No. Any recordings become part of the child's educational record and First Steps does not have the capacity to store such recordings.

B.4. If a family sends a video of their child for a provider to review, can the provider bill for the time spent reviewing the video?

Answer: The provider cannot bill for time spent reviewing a video outside of a teletherapy session or phone consultation.

B.5. If a family does not have access to video conferencing technology, what are other options for service delivery?

Answer: Consultation via phone to share strategies is also an option. If the family has no access to phone or internet but the family does have access to text messaging, then the provider may offer some support via text. A provider may bill no more than 30 minutes (2 units) per week for text conversations with a family. The

provider's therapy log or progress note must document the text message conversation(s), as well as the reason text messaging was used in place of other communication.

If the family has no access to phone, internet or text messaging, then the provider may offer some support via a packet of strategies and activities mailed to the family. A provider may bill no more than 15 minutes (1 unit) per week for mailing a packet to a family. The provider's therapy log or progress note must document the strategies and activities sent via mail, as well as note the family's lack of access to other communication methods.

C. Authorizations and Claims

C.1. Can I use my current direct service authorization to claim teletherapy services?

Answer: Yes. Typically, teletherapy services are authorized under a separate code and paid at a lower rate per unit. In order to ensure continuity of services during COVID-19, providers may use a direct service authorization to claim for the teletherapy service to ensure the higher rate. This would also apply to new services that start during the suspension of face-to-face visits. If the IFSP team determines services are to be provided via teletherapy, then a direct service authorization should be entered for any services the parent gives consent to initiate. This is only applicable for dates of service through July 31, 2020.

C.2. I have a current authorization for teletherapy which reimburses at a lower rate than direct service authorizations. How can I get paid at the higher rate?

Answer: Providers should bill on the teletherapy authorization as normal. Additionally providers with current teletherapy authorizations may submit an offline billing request for the payment difference (i.e., direct service rate versus teletherapy rate) in order to obtain full reimbursement. This may occur for the duration of the suspension of in-person visits. Contact your First Steps Area Director to obtain the offline billing request form and instructions. This is only applicable for dates of service through July 31, 2020.

C.3. How will First Steps ensure claims are not submitted fraudulently to Medicaid if I am providing teletherapy under a direct service authorization?

Answer: First Steps Central Finance Office will ensure compliance with Medicaid regulations for the COVID-19 pandemic and if needed will segregate claims during the in-person suspension time to ensure those claims are not submitted to Medicaid.

C.4. If a provider has a phone call or video conference scheduled with a parent, and the parent does not answer after multiple tries, can the provider bill for a no-show visit?

Answer: No. First Steps no-show visit guidance (Service Provider Manual Chapter 8) is very specific to when a provider arrives at the natural environment and child or family is not there.

If the parent does not answer, the provider should leave a message and document the attempts in the therapy log or progress note. If after several attempts with no answer, then the provider should contact the Service Coordinator.

D. Additional Teletherapy Resources

TELETHERAPY GUIDELINES FOR FIRST STEPS SERVICES, MARCH 2014

<https://dese.mo.gov/sites/default/files/se-fs-first-steps-teletherapy-guidelines-for-first-steps-services.pdf>

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA):

<https://www.aota.org/Practice/Manage/telehealth.aspx>

<https://www.aota.org/coronavirus>

AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)

<http://www.apta.org/Coronavirus/>

<http://www.apta.org/Telehealth/>

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA):

<https://www.apa.org/practice/guidelines/telepsychology>

<https://www.apaservices.org/practice/news/covid19-psychology-services-protection>

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA):

<https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>

<https://www.asha.org/About/Coronavirus-Updates/>

NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW):

<https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus>